



CITY OF GULFPORT
Urban Development - Planning Division
1410 24th Avenue
Gulfport, MS 39501
(228) 868-5710

APPLICATION FOR PLANNING COMMISSION APPROVAL FOR A HOME OCCUPATION

Property Information

TAX PARCEL #

					-			-					●				
					-			-					●				
					-			-					●				

(If necessary, use separate sheet of paper)

Address of Property Involved: _____

Lot(s) _____, Block(s) _____, Subdivision _____

General Location: _____

GENERAL DESCRIPTION OF REQUEST:

OWNERSHIP AND CERTIFICATION:

I hereby certify that I have read and understand this application and that all information and attachments are true and correct. I also certify that I agree to comply with all applicable city codes, ordinances and state laws. Finally, I certify that I am the owner of the property involved in this request or have authorization to act as the owner's agent for the herein described request.

OWNER

Printed Name of Owner

Mailing Address

City State Zip code

Home Phone Work/Cell Phone

Email

Signature of Owner

AGENT

Printed Name of Agent

Mailing Address

City State Zip code

Home Phone Work/Cell Phone

Email

Signature of Agent

If the property or properties listed above have more than one owner, please check this box. In the case of multiple owners, reverse side must be completed. Each additional owner will need to complete and sign the reverse side of this application. We can only accept applications with original signatures.

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SECTIONS A. THROUGH G. MUST BE SUBMITTED FOR A COMPLETE APPLICATION.

This page must be completed if the property or properties involved have more than one owner. All persons listed as owners to the property or properties listed on page one must complete and sign this part of the application.

I hereby certify that I have read and understand this application and that all information and attachments are true and correct. I also certify that I agree to comply with all applicable city codes, ordinances and state laws. Finally, I certify that I am the owner of the property involved in this request or authorized to act as the owner's agent for herein described request.

NAME OF OWNER (PRINT) _____

ADDRESS (STREET, CITY, STATE, ZIP CODE) _____

PHONE # (H) _____ (W) _____

TAX PARCEL NUMBER(S) OWNED _____

SIGNATURE: _____

NAME OF OWNER (PRINT) _____

ADDRESS (STREET, CITY, STATE, ZIP CODE) _____

PHONE # (H) _____ (W) _____

TAX PARCEL NUMBER(S) OWNED _____

SIGNATURE: _____

NAME OF OWNER (PRINT) _____

ADDRESS (STREET, CITY, STATE, ZIP CODE) _____

PHONE # (H) _____ (W) _____

TAX PARCEL NUMBER(S) OWNED _____

SIGNATURE: _____

(Use additional forms as needed)

IN CASES OF MULTIPLE APPLICANTS, PLEASE IDENTIFY THE PERSON WHO WILL BE ACTING AS YOUR SPOKES

PERSON/AGENT FOR YOU _____

IMPORTANT NOTICE

1. Please be advised that failure to submit a complete application, with all supporting documents, could **delay your hearing date**. The Planning Commission will not consider a request until all information is submitted and accurate.
2. Please be advised that the application deadline dates posted are designed to allow the staff time to review the application and receive required comments from coordinating agencies. The application is not considered complete until all required information from the applicant is available for review by the staff and coordinating agencies.
3. Please see reverse of this sheet to determine the deadline dates for filing your application.

SUBMISSION REQUIREMENTS

- A. **Page one of this application**, completed and signed.
- B. **Site plan**. Please note that approval of your request, in part, is based on your site plan.
 - The property lines and dimensions have been provided on the drawing.
 - All buildings and structures located on the property have been identified.
 - All dimensions of buildings and structures have been noted on the site plan.
 - All distances from the property lines to all the buildings and structures have been identified and noted on the site plan.
 - Street names have been provided which abut the property.
 - Traffic flow, parking and driveways have been identified.
 - Required buffer strips have been identified.
 - Site plan will be no larger than 11" x 17".
 - Other pertinent information has been included.

- C. **Proof of ownership** (Copy of deed or affidavit)
- D. If applicable, notarized proof of **authority to act as agent** for owner (board resolution, etc.)
- E. The City of Gulfport Planning Division Staff will notify, by letter, property owners adjacent to the requested action identified in this application using the Land Roll database from the County Tax Office. If you would like to have additional persons or property owners notified, please provide a list of **additional persons to be notified**.
- F. **Your supplemental application must address the following issues in a written statement:**

Explain how the site plan is appropriate with regard to:
 - Transportation and access
 - Water supply
 - Waste disposal
 - Fire and Police protection
 - Other public facilities
 - Why the proposal will not cause undue traffic congestion or create a traffic hazard.
 - Why the proposal is in harmony with the orderly and appropriate development of the district in which the use is located.

G. **Complete the Home Occupation Checklist** (See pages 5 & 6 attached)

- If the property in which the Home Occupation is to be conducted is rented, a notarized letter from the property owner must be provided giving applicant permission to operate such Home Occupation on the premises.
- H. **Cash or check** payable to the City of Gulfport in the amount of **\$75.00**.

CHECKLIST FOR HOME OCCUPATIONS

Owner's Name: _____

Address: _____

Phone: (Home)_____ (Work/Cell)_____

If rented, then the name of owner or manager is required, along with a letter of approval from same: _____

Name of business or service to be used as home occupation: _____

Nature of business: _____

Please fill in all the appropriate blanks:

Hours of operation: 8:00 a.m. until 5:00 p.m. _____

Earlier than 8:00 a.m. _____

Give hours: _____

Later than 5:00 p.m.: _____

Give hours: _____

Method of conducting business:

Telephone: _____

Mail order: _____

Personal computer: _____

Appointment: _____

Traffic generation:

Is there any delivery of goods or products to the residence? _____

If so, specify the number and frequency of deliveries: _____

Describe size of vehicle making deliveries: _____

Is service by appointment only or are there drop-by visits by customers or clientele? _____

Specify number and frequency of visits by clients and customers: _____

Is everything made, manufactured, or provided on site? _____

Is special equipment required in production? _____

If so, described it, giving size of motor, etc. _____

Are sales made from the premises? _____

If sales are made from other places, indicate on what basis:

Local stores on consignment: _____

Arts and crafts or flea markets: _____

Trade shows: _____

Other: _____

Is there a Protective Covenant that exists that prohibits a home occupation at the proposed located?

Yes _____ No _____

I certify the above to be true and accurate as it pertains to this application. I recognize that failure to comply with the assurances made in this application may result in the denial or removal of the permit after due notice and public hearing thereon.

Printed Name: _____

Signature: _____

Date: _____